STATE OF ARIZONA
NATUROPATHIC PHYSICIANS BOARD OF MEDICAL EXAMINERS
1400 W. Washington ♦ Phoenix, AZ 85007
Telephone Number: 602-542-8242 Fax Number 602-542-3093

APPLICATION FOR A MEDICAL ASSISTANT CERTIFICATE

Application fee to be prorated at time of Board acceptance / Renewal is on or before July 1st of each year.
Fees are not refundable under any circumstances

I, _____, make application to the State of Arizona Naturopathic Physicians Board of Medical Examiners for a Certificate as a Naturopathic Medical Assistant. As a certified Naturopathic Medical Assistant I will be authorized to assist under direct supervision, Per A.R.S. 32-1501 (a), a doctor of naturopathic medicine in only the procedures outlined in R4-18-605, but not the diagnosis of patients in the practice of naturopathic medicine in accordance with Arizona Revised Statutes, Title 32, Chapter 14, 32-1501, et., seq., and Arizona Administrative Code, Title 4, Chapter 18, R4-18-101, et seq.

I understand the filing of this application grants authority to the Board to obtain information from any licensing agency , school, accrediting agency or board in the United States or another country; and that I shall make an oath as the contents of my application and credentials submitted to the Board and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; and that the Board may report any falsification of information to other licensing agencies and boards.

This application must be complete and legible

Please Print:

Legal Name: _____
Last Name First Name Middle Name

Birth date: _____ Place of Birth: _____

SSN # _____

Gender: [ ] F [ ] M Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Name of **Naturopathic Supervising Physician**: _____

Clinic Name Where you will be working: _____Ph #_____

Work Address: _____
Street City State Zip

Work Phone Number:_____ Work Fax: _____

Home Mailing Address: _____
Street City State Zip

Home Phone Number: _____ Alt. Phone Number: _____

Applicant Email Address: _____

To be completed by the Supervising Naturopathic Physician

I will be the supervising physician for the Naturopathic Medical Assistant applicant . I have read and understand the following: Title 4. Chapter 18, Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.

Signature of Supervising Physician:_____Date:_____

You must provide a copy of a certificate of completion or diploma from an approved medical assistant program.

Name of School Where Medical Assistant Training was completed: _____
Medical Assistant training must be in compliance as outlined in R4-18-601 1, (a). i., ii. iii. (b).

Address: _____
Street City State Zip

List all licenses and certificates issued or denied, by any licensing agency.

1. Check all that apply: □ License □ Certificate □ Issued □Denied

Name of licensing agency or board_____

Address_____
Street Ste. City State Zip

2. Check all that apply: □ License □ Certificate □ Issued □Denied

Name of licensing agency or board_____

Address_____
Street Ste. City State Zip

3. Check all that apply: □ License □ Certificate □ Issued □Denied

Name of licensing agency or board_____

Address_____
Street Ste. City State Zip

You are required to answer all of the following questions

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? . . . . . [ ] Yes [ ] No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? [ ] Yes [ ] No
3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? . . . . . [ ] Yes [ ] No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? . . . . . [ ] Yes [ ] No
5. Do you have a complaint pending before any agency? . . . . . [ ] Yes [ ] No
6. Have you ever been found guilty of being medically incompetent? . . . . . [ ] Yes [ ] No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? . . . . . [ ] Yes [ ] No
8. Do you have any medical condition that in any way impairs or limits your ability to function as a Naturopathic Medical Assistant? . . . . . [ ] Yes [ ] No

An applicant is required to submit a written supplement to this application if the answer is *YES* to any of the above questions. *The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 and 2.*

[ ] Yes [ ] No I submitted a written supplement to this application for the above questions.

The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation will include all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

I have read and understand Title 4. Chapter 18 Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.

I, _____ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of me in regards to this application.

Signature of Applicant: _____

Subscribed And Sworn To Before A Notary Public:

State of_____) County of_____)

Subscribed and sworn to before me this _____ day of _____, 200_____

Notary Public Signature _____

My Notary Commission Expires _____

Attach the Following to this Document:

1. Money Order **payable to DPS** in the amount of $**29.00**
2. A photocopy (8 ½ X 11 or smaller) of **Certificate or Diploma from an approved Medical Assistant School**
3. Completed and legible fingerprint card:
4. One passport-size photograph taken *within the last 60 days, signature on back.*
5. List of all other licenses ore certificates issued or denied by another agency, if applicable.
6. Written supplementation regarding any answer you marked yes to on questions 1-8 on page two of this application, if applicable.

Alternative format for Submitting Application
An individual with a disability who, as a result of the disability requires this application in an alternative format, may contact the Board's Americans with Disability coordinator at (602) 542-3095, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their need known.

Check the laws and rules section of our website under 32-1559, regarding the naturopathic medical assistant law,
www.NPBOMEX.az.gov